

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/12/2015
NAME OF PROVIDER OR SUPPLIER BICKFORD OF OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 10665 BARKLEY OVERLAND PARK, KS 66212		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 79237, 77860 conducted at the above named residential health care facility on 1-7-15, 1-8-15, and 1-12-15.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204(i) The facility reported a census of 50 residents. The sample included 3 residents and 5 focus review residents. Based on record review and interview for 1 (#336) of 3 sampled residents, the administrator failed to ensure all health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for resident #336 revealed admission on 1-7-11 with diagnoses Hypertension, Dizziness, Edema, Hypothyroidism, Vitamin D Deficiency, Dementia, Hyperlipidemia, Vitamin B-12 Deficiency, Macular Degeneration, Right leg Pain, Hypokalemia and Hearing Loss. The functional capacity screen dated 9-10-14 recorded resident required physical assistance with bathing, dressing toileting; supervision of transfers; and independent with walking/mobility.	S3171		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3171	<p>Continued From page 1</p> <p>Cognition: problems with short term memory, long term memory, memory/recall and decision-making.</p> <p>The negotiated service agreement dated 9-10-14 recorded services for staff assistance with bathing, dressing, am and pm care (dressing), hourly checks at night, toileting, and medication administration.</p> <p>Faxes to Physician: 12-23-14: "Resident had a non-injury fall tonight. He/She rolled out of bed. I found him/her lying on his/her stomach asleep. After doing range of motion, he/she had no complaints of pain. Took vitals 117/90 blood pressure, 119 heart rate, 24 respirations. Now resting comfortably." Signed by certified staff F.</p> <p>12-25-14: "Resident had a non-injury fall at 4:30 am. He/She was transferring from toilet to wheelchair and lost balance. With 2 person assist we were able to get him/her in chair. I performed range of motion and no complaints of pain. Vitals were taken, blood pressure 118/76, heart rate 90, respirations 20." Signed by certified staff F.</p> <p>Interview on 1-7-15 at 10:40 am with licensed staff B stated "overnights are allowed to notify the physician of a fall". Confirmed a non licensed staff notified the physician of an incident which had the potential of requiring a physician's intervention and the record lacked documentation of assessment by a licensed nurse prior to moving the resident.</p> <p>For resident #336, the administrator failed to ensure all health care services were provided by qualified staff in accordance with acceptable</p>	S3171		

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S3171	Continued From page 2 standards of practice.	S3171		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d) The facility reported a census of 50 residents. The sample included 3 residents and 5 focus	S3248		

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S3248	Continued From page 3 review residents. Based on record review and interview for 3 (certified staff F, G, H) of 3 certified staff, the administrator failed to ensure employee records contained supporting documentation for criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Review of employee records on 1-7-15 at 4:00 pm revealed the following: Certified staff F with date of hire 12-8-14. Employee record lacked evidence of Kansas Department of Health and Environment criminal background check. Certified staff G with date of hire 10-15-14. Employee record lacked evidence of Kansas Department of Health and Environment criminal background check. Certified staff H with date of hire 12-8-14. Employee record lacked evidence of Kansas Department of Health and Environment criminal background check. Interview on 1-7-15 at 4:10 pm with administrator confirmed the records lacked evidence of criminal background checks through the Kansas Department of Health and Environment. For certified staff F, G, and H, the administrator failed to ensure the employee records contained Kansas Department of Health and Environment criminal background checks.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	<p>Continued From page 4</p> <p>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:</p> <p>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;</p> <p>(2) education of each resident upon admission to the facility regarding emergency procedures;</p> <p>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and</p> <p>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)</p> <p>The facility reported a census of 50 residents. The sample included 3 residents and 5 focus review residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents and performance of an emergency drill annually that included evacuation of the residents to a secure location.</p> <p>Findings included:</p> <p>- Review on 1-7-15 at 2:10 pm of the facility's emergency management plan with administrative staff A, revealed the plan lacked documentation</p>	S3280		

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S3280	Continued From page 5 of quarterly review with residents and employees and performance of an evacuation drill. Interview on 1-7-15 at 2:10 pm with administrative staff #A stated was unable to locate any documentation of quarterly review of emergency management plan with residents or staff or documentation of an evacuation drill. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan and performance of an emergency drill that included evacuation of the residents to a secure location.	S3280		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care	S3305		

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S3305	<p>Continued From page 6</p> <p>equipment until the condition is no longer infectious;</p> <p>(6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and</p> <p>(7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-207(a)</p> <p>The facility reported a census of 50 residents. The sample included 3 residents and 5 focus review residents. Based on observations and interview for all residents, the administrator failed to ensure the provision of a safe sanitary and comfortable environment for residents.</p> <p>Findings included:</p> <p>Observations during tours of facility on 1-7-15 and 1-8-15 revealed the following throughout the facility:</p> <ul style="list-style-type: none"> - walls, wood trim, baseboards, wood moldings and picture frames laden with dust; - ceiling vents throughout facility with moderate to heavy amounts of caked on dust; - baseboards in dining room discolored from wear; - janitor closets with dead crickets, spiders; - kitchen cabinet door hinges on memory care unit loose and with handles coming off. 	S3305		

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S3305	Continued From page 7 - cabinet underneath kitchen sink in memory care unit unlocked with 2 cans of Lysol, 2 bottles of disinfectant cleaner and 1 can of Febreze. Interview on 1-7-15 throughout tour with administrative staff #A confirmed the above findings. For all residents, the administrator failed to ensure the provision of a safe sanitary and comfortable environment for residents.	S3305		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 50 residents. The sample included 3 residents and 5 focus review residents. Based on record review and	S3310		

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S3310	<p>Continued From page 8</p> <p>interview for 1 (#401) of 5 focus review residents and 3 (certified staff F, H and licensed staff E) of 5 personnel records, the administrator failed to ensure the facility's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #401 revealed admission on 12-26-14 with diagnoses Alzheimer's Disease, Hypertension, Depression and Gastroesophageal Reflux Disorder. The record lacked documentation of tuberculosis (TB) skin testing. <p>Interview on 1-8-15 at 3:15 pm with licensed staff B confirmed the record lacked documentation of TB skin testing.</p> <ul style="list-style-type: none"> - Review of personnel records on 1-7-15 at 4:00 pm revealed the following: Licensed staff E with date of hire 12-10-14: The record lacked documentation of TB skin testing. Certified staff F with date of hire 12-8-14: TB skin test completed on 12-12-14. The record lacked documentation of a 2nd TB skin test. Certified staff H with date of hire 12-8-14: TB skin test completed on 12-13-14. The record lacked documentation of a 2nd TB skin test. <p>For resident #401, licensed staff E, certified staff F, and H, the administrator failed to ensure the facility's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.</p>	S3310		